

# MEDICATION ADMINISTRATION RECORD

STD01

| MEDICATIONS  | HOUR                 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 |  |
|--|----------------------|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|--|
| Lyndol 650mg po<br>tid x 10 days<br>12/14-12/24/04 Siddig/Chen | 0400<br>1100<br>1700 |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |
| Maalox 1 po tid<br>x 10 days<br>12/14-12/24/04 Siddig/Chen     | 0400<br>1100<br>1700 |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |
| Anusol sup 1 BID x<br>7 days<br>12-17-04 12-25-04              | 0400<br>1100         |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |
| Lyndol 650mg po BID<br>x 10 days<br>12-23-04 1-5-05            | 0400<br>1100         |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |
| Maalox 30cc po tid per<br>x 17 days<br>12-23-04 1-5-05         | 0400<br>1100<br>1700 |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |

MEDICATIONS

HOUR

NURSE'S ORDERS, MEDICATION NOTES, AND INSTRUCTIONS ON REVERSE SIDE

CHARTING FOR

THROUGH

Physician

Alt. Physician

Allergies

Diagnosis

Medicaid Number

Medicare Number

PATIENT

Telephone No.

Alt. Telephone

Rehabilitative Potential

Medical Record No.

Wright, Richard

Chen

PATIENT CODE

ROOM NO.

Date:

BED

FACILITY

C



(BUL-465) BULLDOCK CORRECTIONAL FAC

STDY01

[illegible]

## MEDICATIONS

NURSE'S ORDERS, MEDICATION NOTES, AND INSTRUCTIONS ON REVERSE SIDE

|                |  |                              |  |                              |  |                   |  |                          |  |                    |  |
|----------------|--|------------------------------|--|------------------------------|--|-------------------|--|--------------------------|--|--------------------|--|
| CHARTING FOR   |  | 12/01/2004                   |  | THROUGH                      |  | 12/31/2004        |  | Telephone No.            |  | Medical Record No. |  |
| Physician      |  | SIDDIQ, M.D. (MD DIR, TAHIR) |  |                              |  |                   |  | Alt. Telephone           |  |                    |  |
| Alt. Physician |  |                              |  |                              |  |                   |  | Rehabilitative Potential |  |                    |  |
| Allergies      |  | NO KNOWN DRUG ALLERGY        |  |                              |  |                   |  |                          |  |                    |  |
| Diagnosis      |  |                              |  |                              |  |                   |  |                          |  |                    |  |
| Medical Number |  | Medicare Number              |  | Complaint Entered On/Revised |  | By: <i>Shogun</i> |  | Title: <i>MD</i>         |  | Date: 11/30        |  |
| PATIENT        |  |                              |  | PATIENT CODE                 |  | ROOM NO.          |  | BED                      |  | FACILITY           |  |
|                |  |                              |  | 187140                       |  | 1                 |  |                          |  |                    |  |

LLOYNT, RICHARD

VENTRESS CORR. FACILITY

10/24/2005 15:31 FAX 334 775 8178